



Department of Planning and Development

Post Office Box 17
Jackson, Mississippi 39205-0017
Frank E. Melton
Mayor of the City of Jackson

**CITY OF JACKSON
DOWN PAYMENT ASSISTANCE APPLICATION**

To participate in the Down Payment Assistance Program, please complete the following questions: Have you or your spouse ever owned a home? Yes ____ No ____ If yes, what year did you sell your home? _____

☐ Yes, I've read and understand the attached informational flyer that explains the City's program in detail. I am aware of all the requirements and limitations of the program.

Applicant _____ Age _____ D.O.B. _____

Soc. Sec.# _____ -- ____ -- ____ Home Ph# _____ Work Ph# _____

Current Address _____ Current Rent _____

City _____ State _____ Zip _____

Are you a citizen of the United States? Yes _____ No _____

Co-applicant _____ Age _____ D.O.B. _____

Soc. Sec.# _____ -- ____ -- ____ Home Ph# _____ Work Ph# _____

Are you a citizen of the United States? Yes _____ No _____

Current Address _____ Current Rent _____

City _____ State _____ Zip _____

Martial Status ☐ **Married** ☐ **Unmarried** ☐ **Legally Separated**
(Including Divorced, widowed, single)

Names and ages of those living with you six months or more of each year:

Applicant's Current Employer _____ Start Date ____/____/____

Address _____

Employer Phone Number _____ Employer Fax Number _____

Annual Income\$ _____ Do you receive overtime? _____ Amount \$ _____

Previous Employer _____

Address _____

Employer Phone Number _____ Employer Fax Number _____

Dates: From _____ To _____ Annual Income \$ _____

Additional Income: Such as benefits statements, award letters, certificates of deposit, bonds, and any other interest bearing investment.

Source _____ Annual Amount _____

Source _____ Annual Amount _____

Co-applicant's Current Employer _____ Start Date ____/____/____

Address _____

Employer Phone Number _____ Employer Fax Number _____

Annual Income\$ _____ Do you receive overtime? _____ Amount \$ _____

Previous Employer _____

Address _____

Employer Phone Number _____ Employer Fax Number _____

Dates: From _____ To _____ Annual Income \$ _____

Additional Income: Such as benefits statements, award letters, certificates of deposit, bonds, and any other interest bearing investment.

Source _____ Annual Amount _____

Source _____ Annual Amount _____

ASSETS

IRA Accounts/401K _____ Value _____

Whole Life Insurance Cash Value _____

Please provide your latest statement if you have any of the above assets.

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws.

BORROWER

Race: (Select one or more)

_____ American Indian/Alaska Native
_____ Black or African American
_____ Asian
_____ White
_____ Native Hawaiian/Other Pacific Islander

CO-BORROWER

Race: (Select one or more)

_____ American Indian/Alaska Native
_____ Black or African American
_____ Asian
_____ White
_____ Native Hawaiian/Other Pacific Islander

I (we) certify that the above income and household composition is true to the best of my knowledge and belief. I understand that by providing false information on income and family size, it will constitute a fraudulent action and my (our) application may be denied.

I (we) hereby authorize any credit reporting agency to release information to the Office of Housing and Community Development, City of Jackson, and/or any participating lender for the purpose of verification: information concerning employment history, banking, mortgage or consumer loan rating, and any other information deemed necessary in connection with a consumer report for a real estate transaction. This information will be kept confidential.

DISCLOSURE STATEMENT

The assistance provided for the down payment and closing costs under the Homebuyer Assistance Program is provided in the form of a non-interest bearing deferred loan that will be secured by a second mortgage against your new home. There is no monthly payment required in connection with this loan. Repayment is not required until such time as you cease to use the property as your principal residence or until you sell the home or refinance your first mortgage loan.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

CONTACT INFORMATION

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Neighborhood Services Division
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